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Declaration for Utility or Design Patent Application

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor [if only one name is listed below] or an original, first, and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

Multi-Post Shock Absorber Clamp System.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below.

A handwritten signature in black ink, appearing to read "Rob William Henrickson".

Signature: Sole/First Inventor:

Print Name: Rob William Henrickson

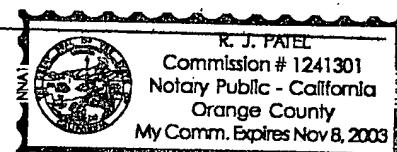
Date: 12/05/01

Legal Residence: Westminster - California

Citizen of: New Zealand

Post Office Address: 9202 Carnation Drive Westminster CA 92806

Telephone: 714 901-2904



Signature: Joint/Second Inventor: None

Print Name:

Date:

Legal Residence:

Citizen of:

Post Office Address:

Telephone:

* City and state, county and state or city, state and country, if foreign.



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ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

} SS.

On 12/05/01

(DATE)

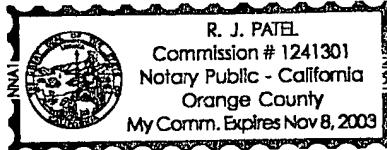
before me, Rupal Patel,
personally appeared Robert William Henrickson

(NOTARY)

SIGNER(S)

personally known to me - OR -

I proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

R.J.Patel

NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER

TITLE(S)

- PARTNER(S)
- ATTORNEY-IN-FACT
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